



State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR954071

RFGA Due Date / Time: August 26, 2008 at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Procurement: Tobacco Education and Prevention for Tribal Population

Pre-Application Conference: July 29, 2008 2:00 PM 1740 West. Adams Street, Room 309
Phoenix, Arizona 85007

Date

Time

Location

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications to provide materials or services specified will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited. It is the responsibility of the supplier/offeror to routinely check the ADHS web site for solicitation amendments.

Applications must be in the actual possession of the Arizona Department of Health Services, on or prior to the time and date, and at the submittal location indicated above. **Late offers will not be considered.**

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed legibly in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the Grant Solicitation Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Cynthia Daugherty _____
Name

(602) 542-2942 _____
Telephone

daughec@azdhs.gov _____
Email Address



GRANT APPLICATION

RFGA NO. HR954071

Arizona Department Of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

<u>Title</u>	<u>Page</u>
COVER PAGE	1
TABLE OF CONTENTS.....	2
GRANT APPLICATION.....	3
INTRODUCTION:	
STATEMENT OF PURPOSE	4
WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION.....	5
ELIGIBILITY:	
ELIGIBLE APPLICANTS	6
INSTRUCTIONS:	
SPECIAL INSTRUCTIONS TO APPLICANTS	7 - 8
HOW TO PREPARE AND SUBMIT APPLICATION.....	9 - 10
TERMS AND CONDITIONS	11 - 16
SCOPE OF WORK	17 - 20
ATTACHMENTS:	
APPLICANT'S KEY PERSONNEL	21
APPLICANT'S EXPERIENCE	22 - 24
BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET	25 - 30
OTHER FUNDING SOURCES	31
PRICE SHEET	32-33
EXHIBITS:	
SCOPE OF WORK	34
COMMUNITY ASSESSMENTS	35
ACTION PLAN	36
CONTRACTOR'S EXPENDITURE REPORT (Custom for this RFGA).....	37



GRANT APPLICATION
RFGA NO. HR954071

Arizona Department Of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name _____

Name of Person Authorized to Sign Application
(Please type or print) _____

Street Address _____

Title of Authorized Person _____

City _____ State _____ Zip Code _____

Signature of Authorized Person _____ Date _____

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

Acknowledgement of Amendment(s):
(Applicant acknowledges receipt of amendment(s) to the Request for Grant Application and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number **HR954071** –

You are hereby cautioned not to commence any billable work or provide any material or service under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2008.

State Government Administrator

INTRODUCTION
RFGA NO. HR954071

STATEMENT OF PURPOSE

The Arizona Department of Health Services (ADHS) Bureau of Tobacco Education and Prevention's (BTEP) mission is working together to build individual, organizational and community capacities to reduce the impact of commercial tobacco abuse.

INTRODUCTION
RFGA NO. HR954071

WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

The purpose of this Request for Grant Application (RFGA) is to address the eight (8) major goals of the Arizona Department of Health Services (ADHS) Bureau of Tobacco Education and Prevention (BTEP) to identify and eliminate tobacco related disparities in specific population groups.

This RFGA is seeking eligible entities to conduct community assessments to assist with capacity building and program planning for the development of sustainable commercial tobacco prevention programs with strategies implemented to reduce the level of commercial tobacco abuse in communities with priority populations.

This RFGA is structured in two (2) phases. Phase I is the community assessment and planning phase and Phase II is the implementation phase which is based on Phase I.

Funding will be made available for one (1) year of funding (Phase I) with a two (2) year renewal (Phase II) based on Phase I performance.

ELIGIBILITY
RFGA NO. HR954071

ELIGIBLE APPLICANTS

Tribal governments, Tribal organizations, county health departments, community based organizations, and non-profit agencies with demonstrated experience in providing community based services to Tribal communities – urban and Reservations.

INSTRUCTIONS

RFGA NO. HR954071

SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspection.

2. Evaluation Criteria:

Grant Applications will be evaluated according to the Grant requirements per ARS §41-2702 F. The evaluation criteria are listed in their relative order of importance and are based on the following:

- a. Written narrative response to Page Eighteen (18), Section Three (3), Applicant Requirements, Narrative, Items A-C. Applicants shall write each statement (A-C) and provide a response after each written statement.
- b. Applicant's capability based on the written response to Page Eighteen (18), Section Three (3), Applicant Requirements, Applicant Capability, Items A-E. Applicants shall write each statement (A-E) and provide a response after each written statement.
- c. Written response detailing how the Applicant will conduct Community Assessment and Action Plan as outlined on Page Nineteen (19), Scope of Services.
- d. Itemized budget, budget justification, and price sheet showing proposed cost(s) including other sources of funds.

3. Written Questions:

Submit any questions about the RFGA needing clarification, in writing, not later than seven (7) working days prior to the RFGA due date to:

Cynthia Daugherty, Procurement Specialist
Arizona Department of Health Services
1740 West. Adams Street, Room 303
Phoenix, Arizona 85007
Fax: 602-542-1741
Email: daughec@azdhs.gov

4. Confidential Information:

If an Applicant believes that their Application contains information that should be withheld, a statement advising the Procurement Officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The Applicant shall stamp or specifically identify all information believed to be confidential. The information identified by the Applicant as confidential shall not be disclosed until the State Government Administrator (or his/her designee) makes a written determination. The Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the Administrator determines the information is not confidential, the Administrator shall inform the applicant in writing of such determination.

INSTRUCTIONS

RFGA NO. HR954071

5. Discussion:

ADHS reserves the option to conduct discussions with Applicants. The purpose of these discussions is to provide clarification and to assure full understanding of and responsiveness to the Application requirements regarding the Grant.

6. Multiple Awards:

In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, the ADHS reserves the right to award Grants to multiple Applicants.

7. Application Acceptance Period:

To be eligible for Grant award, Application cost estimates must be held open for one-hundred twenty (120) days.

8. Collaborative Partnerships within Program Areas:

The State encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

9. Authorized Signature:

- a. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

- | | | |
|-----|------------------|--|
| (1) | Privately Owned: | The Owner must sign the Grant Application. |
| (2) | Partnership: | A Partner must sign the Grant Application. |
| (3) | Corporation: | A duly authorized Corporate Officer must sign the Grant Application. |

- b. If a person other than these specified individuals signs the Grant Application, a Power of Attorney indicating the employee's authority must accompany the Grant Application. All addenda to the Grant Application shall be signed by the authorized individual who signed the Grant Application except that they may be signed by a duly authorized designee.

INSTRUCTIONS

RFGA NO. HR954071

HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA:
 - a. **"ADHS"** means the Arizona Department of Health Services.
 - b. **"Attachment"** means a document that must be filled out and included as part of the Grant Application.
 - c. **"Department"** means the Arizona Department of Health Services.
 - d. **"Exhibit"** means a document included only for informational purposes. It is not intended to be submitted as part of the Grant Application.
 - e. **"Key personnel"** means staff involved in the planning, administration, operation, or monitoring of this grant.
 - f. **"Shall or Must"** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The following shall be submitted concurrent with and as part of the Application:

One (1) original and five (5) copies of each Application shall be submitted on the forms and in the format specified in the RFGA. If responses are typewritten, they shall be in a 12-point font and single-spaced. The original ink signed application shall be clearly labeled **"ORIGINAL"**. The five (5) copies shall be submitted and marked as "copy". The ADHS will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the application. Applications shall have a table of contents, tabs for each section, and shall be provided in one (1)-inch, three (3) ring binders, labeled with the applicant's name and program title. All pages shall be sequentially numbered and material shall be in the following sequence and related to the RFGA:

- a. Table of Contents for entire Application with page numbers
- b. Signed Application and Award Document
- c. Terms and Conditions (one (1) set with the original application only)
- d. Written responses to Scope of Work, Pages Eighteen (18) and Nineteen (19), Section Three (3), Applicant Requirements using Exhibits 2 and 3 as a format guide.
- e. Contact Information, completed – Page Twenty (20)
- f. Completed Price Sheets – Attachment 5
- g. Applicant's Key Personnel – Attachment 1
- h. Completed Applicant's Experiences (provide three (3) references) – Attachment 2
- i. Budget Development Worksheet – Attachment 3
- j. Completed List of Other Funding Sources – Attachment 4

INSTRUCTIONS
RFGA NO. HR954071

- k. Other Attachments: As applicable, including but not limited to copies of subcontracts and Applicant's program materials. Other attachments shall not exceed ten (10) pages.
4. Submit completed Applications on or before August 26, 2008 at 3:00 PM Local Time to the Arizona Department of Health Services, Procurement Office, 1740 W. Adams Street, Room 303, Phoenix, Arizona, 85007.
5. Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read publicly and recorded.
6. ADHS may conduct discussions and suggest changes to the Applications. If discussions are conducted, Applicants will be invited to modify their applications. The State of Arizona reserves the right to award grants for less than the proposed amount.
7. Keep a copy of this solicitation and submitted Grant Application. If awarded, the Grantee shall be bound to the services listed by the Grant Application and based upon the solicitation, including all terms, conditions, specifications, amendments, etc.
8. **FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS & GRANTEES:**

By signing the Grant Application, the Applicant warrants that it and all proposed subcontractors are in compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Applicant shall obtain statements from all proposed subcontractors certifying compliance with this requirement and shall furnish the statements to the Procurement Officer upon request.

TERMS AND CONDITIONS

RFGA NO. HR954071

1. **Grant Term.** The initial term of this Grant shall commence upon award, and shall remain in effect for twelve (12) months unless terminated, canceled, or extended as otherwise provided herein.
2. **Option to Renew Grant.** This Grant shall not bind nor purport to bind ADHS and the Grantee for any grant commitment in excess of the original Grant Term. ADHS shall have the right, at its sole option, to renew the Grant, in one (1)-year increments, not to exceed a total Grant Term of four (4) years. If ADHS exercises such rights, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option terms.
3. **Grant Reimbursement:** Reimbursement shall be made on a Not To Exceed basis.
4. **Grant Amendments.** Any change in this Grant, including the Scope of Work, shall only be accomplished by a formal, written Grant Amendment, signed by the State Government Administrator. Any such Amendment shall be within the scope of the Grant and shall specify the change; any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
5. **Commencement of Work.** All work to be performed under this Grant must commence within ninety (90) days of award. Work shall not be performed without a Purchase Order.
6. **Key Personnel.** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (**Attachment 1**). Once assigned to work under this Grant, Key Personnel shall not be removed or replaced without prior notification to the ADHS Program Manager.
7. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
8. **Suspension or Debarment Status.** If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any Federal, State or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.
10. **Availability of Funds for the Next Fiscal Year.** Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.
11. **Audit.** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

TERMS AND CONDITIONS

RFGA NO. HR954071

- 12. Information Disclosure.** The Grantee shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the State. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the State.
- 13. Accounting Requirements.** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
- 14. Financial Management.** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

Federal Funding. Grantees receiving Federal funds under this Contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable.

State Funding. Grantees receiving Federal funds under this Contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

15. Grant Restrictions.

Applicants will provide a copy of all printed or broadcast media or any other educational materials developed using funds awarded under this Grant to the ADHS Program Manager for approval. Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Tobacco Education and Prevention as made available through the Arizona Department of Health Services."

- 16. Payment.** The Grantee shall submit to ADHS a monthly statement of charges in a form to be provided by ADHS prior to the commencement of services. This form, known as a Contractor's Expenditure Report (CER), shall be submitted for the work completed under an approved program manager in conformance with the price sheet/fee schedule of this Grant.
- 17. Arizona Substitute/IRS W-9 Form.** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
- 18. Subcontracts.** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Manager and the State Government Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
- 19. Licenses.** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
- 20. Federal Procurement Suspension/Debarment.** All applicants, upon submittal and signature of their application, hereby attest and certify that the company has not been debarred or suspended from Federal procurements.
- 21. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance.** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Grant. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both the

TERMS AND CONDITIONS

RFGA NO. HR954071

ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

22. Indemnification Clause:

Grantee shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Grantee or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Grantee to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Grantee from and against any and all claims. It is agreed that Grantee will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this Grant, the Grantee agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Grantee for the State of Arizona.

This indemnity shall not apply if the Grantee or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

23. Insurance Requirements:

Grantee and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Grant, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Grantee, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Grant and in no way limit the indemnity covenants contained in this Grant. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Grantee from liabilities that might arise out of the performance of the work under this Grant by the Grantee, its agents, representatives, employees or subcontractors, and Grantee is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Grantee shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- | | |
|---|-------------|
| • General Aggregate | \$2,000,000 |
| • Products – Completed Operations Aggregate | \$1,000,000 |

TERMS AND CONDITIONS

RFGA NO. HR954071

- Personal and Advertising Injury \$1,000,000
 - Blanket Contractual Liability – Written and Oral \$1,000,000
 - Fire Legal Liability \$ 50,000
 - Each Occurrence \$1,000,000
- a. The policy shall be endorsed to include the following additional insured language:
“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee”.
- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

2. Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Grant.

Combined Single Limit (CSL) \$1,000,000

- a. The policy shall be endorsed to include the following additional insured language:
“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee, involving automobiles owned, leased, hired or borrowed by the Grantee”.
- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

3. Worker's Compensation and Employers' Liability

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 500,000
Disease – Each Employee	\$ 500,000
Disease – Policy Limit	\$1,000,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.
- b. This requirement shall not apply to: Separately, EACH Grantee or subcontractor exempt under A.R.S. 23-901, AND when such Grantee or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. Professional Liability (Errors and Omissions Liability)

Each Claim	\$1,000,000
Annual Aggregate	\$2,000,000

- a. In the event that the professional liability insurance required by this Grant is written on a claims-made basis, Grantee warrants that any retroactive date under the policy shall precede the effective date of this Grant; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Grant is completed.

TERMS AND CONDITIONS

RFGA NO. HR954071

- b. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Grant.

- B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:
1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Grantee, even if those limits of liability are in excess of those required by this Grant.
 2. The Grantee's insurance coverage shall be primary insurance with respect to all other available sources.
 3. Coverage provided by the Grantee shall not be limited to the liability assumed under the indemnification provisions of this Grant.
- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Grant shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams Street, Phoenix, AZ 85007** and shall be sent by certified mail, return receipt requested.
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Grantee from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Grantee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Grant. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
- All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Grant must be in effect at or prior to commencement of work under this Grant and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Grant, or to provide evidence of renewal, is a material breach of Grant.
- All certificates required by this Grant shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams Street, Phoenix, AZ 85007**. The State of Arizona project/Grant number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Grant at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
- F. **SUBCONTRACTORS:** Grantees' certificate(s) shall include all subcontractors as insureds under its policies or Grantee shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Grant shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Grant amendment, but may be made by administrative action.
- H. **EXCEPTIONS:** In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

TERMS AND CONDITIONS

RFGA NO. HR954071

- 24. Offshore Performance of Work Prohibited:** Due to security and identity protection concerns, direct services under this Contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or “overhead” services, redundant back-up services or services that are incidental to the performance of the Contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.
- 25. Federal Immigration Laws, Compliance by State Contractors:** By entering into the Grant, the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Grantee shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Grant. The Grantee and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor’s Immigration and Control Act, for all employees performing work under the Grant. I-9 forms are available for download at USCIS.GOV
- The State may request verification of compliance for any Grantee or subcontractor performing work under the Grant. Should the State suspect or find that the Grantee or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Grant for default, and suspension and/or debarment of the Grantee. All costs necessary to verify compliance are the responsibility of the Grantee.
- 26. Arbitration:** The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).
- 27. Purchase Orders:** The Grantee shall, in accordance with all terms and conditions of the Grant, fully perform and shall be obligated to comply with all Purchase Orders received by the Grantee prior to the expiration or termination hereof, unless otherwise directed in writing by the ADHS Administrator, including, without limitation, all Purchase Orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.
- 28. Authorization for Provision of Services:** Authorization for purchase of services under this Grant shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Grant number and the dollar amount of funds authorized. The Grantee shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Grant.

SCOPE OF WORK

RFGA NO. HR954071

TOBACCO EDUCATION AND PREVENTION SERVICES

1. BACKGROUND

The Arizona Department of Health Services (ADHS) Bureau of Tobacco Education and Prevention's (BTEP) mission is working together to build individual, organizational and community capacities to reduce the impact of commercial tobacco abuse. To accomplish this mission, BTEP has identified eight (8) major goal areas through a strategic planning process, which will contribute to building an integrated network of individuals, organizations and communities to reduce the impact of commercial tobacco abuse in Arizona. The eight (8) major goals are:

1. Reduce initiation of tobacco use among youth
2. Eliminate exposure to secondhand smoke
3. Promote smoking cessation among youth and adults and help smokers quit
4. Identify and eliminate tobacco related disparities in specific population groups
5. Assist in the prevention and early detection of four leading tobacco-related causes of death in Arizona
6. Develop and implement a comprehensive tobacco control plan
7. Conduct surveillance and evaluation
8. Advance policies that reduce the impact of commercial tobacco use

Arizona:

In 2005, nearly one (1) in five (5) Arizona adults, about 838,000 people, reported being smokers. Men report slightly higher rates of smoking than women, and women's rates appear to be decreasing. The difference is higher in young adults because of the particularly high prevalence of smoking among young men.⁽¹⁾ Currently, an estimated four percent (4%) of men and one percent (1%) of women use smokeless tobacco (chew).⁽¹⁾ Tobacco use is more prevalent among low socioeconomic status groups. These tobacco users may be generally described as:

1. Adults 25 years and older with less than a high school education.
2. Adults with annual incomes of less than \$20,000.
3. Adults with no health insurance coverage.
4. Adults who are not employed.⁽¹⁾

Priority Populations:

There are certain groups that exhibit disproportionately high morbidity and mortality rates associated with tobacco use. Factors include, but are not limited to, an individual's age, race/ethnicity, educational attainment, income, and sexual orientation, greatly contribute to health disparities within a given population. Tobacco-related disparities are demonstrated by an increased prevalence of tobacco use, greater exposure to secondhand smoke, and limited access to educational information and prevention/cessation programming, among other considerations.

Among the unemployed, uninsured, and disabled in Arizona, smoking prevalence is substantially higher than that of the general state population. According to the Arizona Tobacco Survey 2005, of the current smokers in Arizona thirty-five percent (35%) have an annual income under \$20,000, twenty-five 25% have an education less than high school or a GED, and twenty-five (23%) do not have health insurance.

Arizona residents who identify themselves as lesbian, gay, bisexual, or trans-gendered (LGBT) report higher rates of smoking than do those who identify as heterosexual, especially among women. According to Nyitray et al., the smoking prevalence of LGB Arizonans (28.9%) is substantially higher than non-LGB Arizonans by more than fifty (50%). Lesbians have a higher smoking prevalence than gay men (30.9% v. 24.4%, respectively).⁽²⁾

References:

1. Arizona Department of Health Services Bureau of Tobacco Education and Prevention (ADHS-BTEP). 2006. Arizona Adult Tobacco Survey 2005 Report. Prepared by: Evaluation, Research and Development Unit.
2. Nyitray, A., Corran, R., Altman, K., Chikani, V., & Negron, E.V. "Tobacco Use and Interventions Among Arizona Lesbian, Gay, Bisexual and Transgender People." Wingspan & Arizona Department of Health Services: July 12, 2006

SCOPE OF WORK

RFGA NO. HR954071

2. OBJECTIVE

The following objectives have been established to identify and eliminate tobacco related disparities in specific population groups, including but not limited to, pregnant women; people who are members of racial/ethnic/cultural minorities; youth and young adults; people with low socio-economic status; people who are incarcerated; people who define themselves as lesbian-gay-bisexual-transgender; and people with disabilities.

Objective 1: Assess the capacity of communities to provide culturally relevant, evidence based services, including their ability to cultivate the resources necessary to offer such services.

Objective 2: Build state and local capacity for developing, implementing and evaluating targeted, culturally competent interventions to eliminate tobacco-related disparities.

Objective 3: Establish partnerships within the statewide tobacco control network that foster cultural competency, the provision of culturally relevant services and the elimination of tobacco-related disparities.

3. APPLICANT REQUIREMENTS

Narrative

Describe the tobacco issues and experiences facing the community to be served in addition to the unique aspects of the community.

- A. Describe the demographic, geographic, and political/cultural characteristics of the proposed community. Include size of the population(s), age range, primary language, and the area in which the proposed needs assessment will take place.
- B. Describe the historical, political, economic and socio-cultural influences that will facilitate or challenge conducting a community level tobacco control related needs assessment and development of a two (2) year implementation plan and the proposed methods to overcome the challenges.
- C. Discuss the known tobacco issues in the proposed community. Include a strong rationale for addressing the community using relevant empirical data and research related to tobacco use in terms of prevalence, access to tobacco, attitudes, and targeting by tobacco companies.

Applicant Capability

Describe the experience you have with working with communities disproportionately impacted by tobacco.

- A. Describe the applicant/agency's history and the amount of time the agency has been in existence, including geographical area served.
- B. Describe the applicant's experience in community organizing, community planning, health education and promotion, coalition building, consensus building advocacy, training, and tobacco control activities.
- C. Describe the agency's effectiveness and capacity to serve populations in areas with substantial unmet needs.
- D. Describe the qualifications of key program staff. Describe their educational background, experience working with the proposed population, and previous experience with the types of activities to be conducted such as community organization, community planning, health education, report writing, coordination/collaboration, policy promotion, program evaluation, etc. Do not attach resumes.
- E. State two (2) major accomplishments that demonstrate your agency's effectiveness and capacity to provide health promotion, tobacco control services, and/or improvements in health behaviors to reduce disparities in the proposed community.

SCOPE OF WORK

RFGA NO. HR954071

Scope of Services

All Applicants must conduct or show evidence of a completed community assessment for the proposed priority population that is the focus for this Grant Application. Applicants with a completed assessment will be working in collaboration with BTEP to develop an action plan for the community.

A. Community Assessment

For the purposes of this Grant, the community assessment is not meant to be an extensive research project. The intent of this assessment process is to gain an awareness of what members believe are the issues regarding tobacco in their community and how these issues should be addressed.

This assessment is necessary to identify and analyze information about the problems of commercial tobacco abuse in the community and factors affecting them. It is also important to establish a framework or model to document the process and outcomes of change. Applicants must describe a process by which they will identify community assets and resources, gaps in services and capacity and readiness to change.

The Applicant must include objectives in their Scope of Work that demonstrates the completion of community assessment and the submission of an assessment report and strategic plan. For each objective, describe the required activities and any additional activities that you will conduct to meet the objectives.

For additional information regarding community assessments and sample format, see attachment #.

B. Action Plan

Applicants having a completed community assessment, a copy of the community assessment report must be submitted to BTEP. As part of the action plan, the Applicant must submit a proposal for two (2) to four (4) approaches to pursue based on the community assessment for the next year.

4. DELIVERABLES

- A. Monthly Contractor's Expense Report (CER)
- B. Quarterly Report of program activities
- C. Community Assessment Report (See attachment for example of report outline) due June 30, 2009
- D. Action/Strategic Plan (See attachment for example of plan outline) due June 30, 2009
- E. Certificate of Insurance within ten (10) days of Grant award.

SCOPE OF WORK

RFGA NO. HR954071

5. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES

- A. Notices, Correspondence, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Department of Health Services
Bureau of Tobacco Education and Prevention
Program Manager
1740 W. Adams Street, Suite 203
Phoenix, AZ 85007
Telephone: (602) 364-1400
Facsimile: (602)364-1496

- B. Notices, Correspondence, Reports from the ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-Mail: _____

- C. Payments from ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-Mail: _____

ATTACHMENT 1
APPLICANT'S KEY PERSONNEL

RFGA NO. HR954071

INSTRUCTIONS:

List all key personnel by name, position and/or title, responsibilities and percent of time assigned to this Grant.
Key personnel is defined as staff involved in the planning, administration, operation, or monitoring of this Grant.

Name	Position/Title	Responsibilities	% Time Assigned to Grant

ATTACHMENT 2 APPLICANT EXPERIENCE
RFGA NO. HR954071

APPLICANT'S EXPERIENCE – Page 1 of 3

Applicant shall submit three (3) completed and signed forms as part of the Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least two (2) individual contracts/grants for services related to those described in this RFGA.

Reference Contract/Grant Title: _____

Contract/Grant Term & Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract/grant and the NUMBER of past contracts/grants the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact/Grant Name and Title: _____

Telephone: _____ Address: _____ City/State/Zip: _____

ATTACHMENT 2 APPLICANT EXPERIENCE
RFGA NO. HR954071

APPLICANT'S EXPERIENCE – Page 2 of 3

Applicant shall submit three (3) completed and signed forms as part of its Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least two (2) individual contracts/grants for services related to those described in this RFGA.

Reference Contract/Grant Title: _____

Contract/Grant Term & Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract/grant and the NUMBER of past contracts/grants the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact/Grant Name and Title: _____

Telephone: _____ Address: _____ City/State/Zip: _____

ATTACHMENT 2 APPLICANT EXPERIENCE
RFGA NO. HR954071

APPLICANT'S EXPERIENCE – Page 3 of 3

Applicant shall submit three (3) completed and signed forms as part of its Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least two (2) individual contracts/grants for services related to those described in this RFGA.

Reference Contract/Grant Title: _____

Contract/Grant Term & Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract/grant and the NUMBER of past contracts/grants the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact/Grant Name and Title: _____

Telephone: _____ Address: _____ City/State/Zip: _____

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR954071

Specific types of Provider costs are to be grouped into six (6) budget categories. Within the total cost for each budget category, a series of line item costs are to be identified. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category. It is essential that category costs be comprised of the same item costs as specified in these Guidelines.

1. PERSONNEL SERVICES

- a. Compensation for personnel services is an allowable expense for Provider employees whose work is necessary for the provision of Grant services.
- b. Salaries to be charged to the service must relate directly to work on the service. Salaries of employees involved in work on non-Grant services must be properly apportioned and later supported by appropriate time distribution records or any other approved method.
- c. Benefits such as vacation, sick and administrative leave, holidays and routine training participation time are to be included in the amount budgeted for an employee's salary. In addition, any salary increases due an employee during the Grant period must be included in the budgeted salary costs.

2. EMPLOYEE RELATED EXPENSES (ERE)

- a. Employee Related Expenses (fringe benefits) are allowances and services offered by the Provider agency to its employees as compensation in addition to regular salaries. Fringe benefits must be applied only to that portion of an employee's salary or wages attributable to the service. Fringe benefits budgeted in the Contract must be earned during the Contract period. Benefits accrued prior to the Contract, but not yet paid out, are not expenses allowed by the Department.
- b. Fringe benefits include, but are not limited to Social Security (FICA), Unemployment Insurance, Worker's Compensation, health and life insurance, and retirement. The portion of the cost of these benefits paid by the employee is not an expense of the Provider agency. The employer's cost of these benefits is an eligible Provider agency expense.

3. PROFESSIONAL AND OUTSIDE SERVICES

- a. Professional and consultant services, rendered by individuals or organizations, are allowable expenses if the services are directly related and essential to the contract service(s). The normal types of professional or outside services which may be placed in this budget category are those which relate to the legal, accounting, management, training/education, medical, social service and psychological professions.
- b. A written specification of each of the consultant services to be performed is to be available for the purpose of budget estimating and subsequent audits. The specifications normally will include estimates by item, all consultant costs such as travel, supplies, meetings or any directly related costs of the consultant. Professional and Outside services are frequently purchased on an hourly basis. It is, therefore, recommended that such services be budgeted on a Per Hour billing basis.

4. TRAVEL

- a. Travel will include the cost of transporting staff and clients during the provision of Grant services. The following allowable travel costs are included within this category:
 - (1) Staff-owned vehicles: mileage reimbursement;
 - (2) Provider agency-owned vehicles: operating expenses and depreciation;
 - (3) Sub-contracted travel services;
 - (4) Rented vehicles;
 - (5) Government motor pool vehicles;

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR954071

- (6) Public transportation; and
- (7) Per diem.

b. Staff-Owned Vehicles

The travel cost of a vehicle owned by a Provider employee should be budgeted no greater than the applicant's designated mileage reimbursement rate. In public Provider agencies, the mileage rate is determined by the branch of government with which the Provider agency is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality. The actual cost of tolls and parking fees may be budgeted for employees using their vehicles for Grant services.

c. Provider Agency-Owned Vehicles

- (1) Travel costs for vehicles owned by a Provider agency must be budgeted on an actual cost method. Actual costs will include fuel, maintenance and repair, insurance, registration fees, tolls, parking fees and depreciation.
- (2) There are two methods to budget motor vehicles with regard to acquisition cost:
- (3) The vehicle may be purchased with Provider agency funds. The cost will be depreciated over the useful life of the vehicle. The current year depreciation expense is listed in the Travel Category of the Service Budget.
- (4) The agency may budget the entire acquisition cost as a first year expense under the Equipment Category.

d. Rented Vehicles

If either a public or private Provider agency is renting vehicles from a private rental agency, the actual rental cost plus fuel (unless fuel is included in the rental cost) should be used to budget the cost. Rental costs will be considered reasonable depending on the type and degree of use and current fair market value of the model of vehicle. If a vehicle has been rented by the Provider until its acquisition cost has been reduced to below \$5,000, it may be purchased and budgeted as a current cost.

e. Motor Pool Vehicles

Provider agencies using vehicles supplied by a county or municipal motor pool may budget for travel by using the rate fixed by the motor pool.

f. Public Transportation

In cases in which public transportation is used for authorized travel by employees or clients of the Provider, the actual cost of fares required should be estimated. Fare or any other expenses for staff members to commute to and from work are not an allowable cost.

g. Per Diem

While Providers are encouraged to minimize the overnight travel costs, certain Grant services may require occasional overnight travel on the part of employees. In such cases, per diem expenses should be budgeted no greater than the applicants designated per diem reimbursement rate. For private non-profit agencies, the current State of Arizona per diem rate shall be used. For public Provider agencies, the per diem rate is determined by the branch of government with which the Provider is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR954071

5. OTHER OPERATING

- a. Other Operating costs include materials and supplies, space and occupancy and general operating services. Costs related to space needed for the delivery of Grant services are allowable expenses. Space costs include the expense of a facility and other expenses directly related to the operation of the facility. Space Costs, however, do not include the purchase or major modification of land or facilities.
- b. The costs of materials and supplies, necessary for the delivery of Grant services, are allowable budgeted expenses. Such costs should be calculated by deducting from the purchase price, all cash and trade discounts, rebates, and allowances to be received by the Provider agency.

- c. Program Supplies

Program supplies include consumable supplies used directly in the provision of Grant services.

- (1) Materials

- (a) Materials are consumable supplies used directly by the clients in the provision of Grant services. Material supplies will include but are not limited to:

- (b) Arts and Crafts;
 - (c) Housekeeping Goods (dishes, linens, etc.);
 - (d) Client Activities Costs;
 - (e) Toys; and
 - (f) Literature.

- (2) Medical Supplies: Medical supplies should be budgeted on an actual cost basis.

- d. Office Supplies

- (1) General Office Supplies

Office supplies are consumable supplies necessary to efficient administrative and service operations of the service program. The cost of this item may be budgeted by using a reasonable base cost per employee for the Grant term multiplied by the total number of employees needing office supplies. Justification of the base cost must be available upon request.

- (2) Equipment

Any piece of equipment with an acquisition cost of up to \$4,999.99 will be budgeted under the Other Operating Category. Budgeting of such pieces of equipment will be done on an actual cost basis. All Pieces of equipment with an acquisition cost of \$5,000 or more should be budgeted under the Capital Outlay Category.

- (3) Postage

Postage may be budgeted by applying a monthly base to the total number of months in the Grant. When applicable, Provider agencies should apply for and utilize special bulk mail rates.

- (4) Reproduction and Printing

The cost of printing and reproduction services, necessary for the performance of the Contract, including but not limited to forms, reports, manuals and informational literature is allowable. However, if a cost for the rental of a photocopier has been budgeted, care must be taken to avoid duplication of costs. When budgeting for reproduction and printing services, enter a reasonable estimate of actual costs.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR954071

e. Maintenance of Space

This item refers to costs necessary for the upkeep of the Provider's facilities which neither add to the permanent value of these facilities nor appreciably prolong their intended life, but keep them in an efficient operating condition. This includes estimates of the actual costs of material needed for the maintenance and repair of the Provider's facilities or for sub-contracted maintenance services.

f. General Operating

- (1) Central Services: Service costs such as administrative, data processing, payroll, supply and duplicating facilities on which the expense can be calculated and segregated as a direct cost are to be entered in this item. Support these budgeted expenses by indicating the basis of the cost.
- (2) Communication: Telephone and answering service costs, as well as telephone directory listings, which assist the client to identify and contact the Provider agency for Grant services, will be permitted.
- (3) Bonding: Premiums for bonding costs will arise when there is a need to protect the provider agency and government against financial loss. Bonding practices beyond those which the Provider agency should normally use as good business practice will not be required. The most common bonding classification is that of a fidelity bond sufficient to cover the potential loss of accessible funds.
- (4) Advertising: To acquire quality goods or services at a low cost; to recruit potential employees; or to inform the public of the availability of services.
- (5) Training: Provider agency employees are eligible for training directly related to the Grant services. The necessary and appropriate expense related to training activities is to be included in this line item. The basis for this budgeted expense must be documented in the Proposal Itemized Service Budget, and a detailed description of the training activities must be rendered in the Program/Administration Section.
- (6) Trade, Business, Technical and Professional Activities: A series of costs may be encountered which assist in providing reference background, updating employees' knowledge and maintaining liaison or contact with similar activities. Expenses in this line item will be allowable when the costs are proven to be of direct benefit to the Grant services. The following types of costs may be part of this item's budget expense:
 - (a) Library - purchases and fees;
 - (b) Subscriptions - professional literature;
 - (c) Membership - dues; and
 - (d) Professional activities, clubs and meetings.
- (7) General Liability Insurance: Insurance costs are those insurance costs which the Provider is required to carry, or which are approved under the terms of the Contract and any other insurance which the Provider maintains in connection with the general conduct of its business (excluding insurance on the building and contents which should be listed as a line item under Other Space Costs in the Space Category). The Provider can ascertain from the Department what types and amount of insurance coverage should be purchased.

6. CAPITAL OUTLAY (EQUIPMENT)

- a. The cost of equipment essential to the delivery of Grant services and the maintenance of that equipment is allowable as a budgeted expense. Equipment which materially increases the value or useful life of a facility is unallowable.
- b. The Equipment Category, which includes office and program equipment, has been subdivided into two (2) sections: 1. Equipment Costs, and 2. Equipment Maintenance Costs. (Provider agencies should note that vehicle-operating expenses are to be budgeted within the Travel Category.)

ATTACHMENT 3 BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET
RFGA NO. HR954071

c. Capital Equipment Costs

Capital equipment costs may be budgeted through one of the following four methods:

- (1) Purchase;
- (2) Rental/Lease;
- (3) Depreciation; and
- (4) Use Allowance.

d. Equipment Maintenance Costs

- (1) To keep equipment at an efficient operating level, various maintenance services may be necessary.
- (2) Maintenance services provided by vendors either under a services subcontract or as random repairs will be budgeted under this sections. Care must be used that costs of maintenance services call do not duplicate maintenance fees provided for in rental agreements. Maintenance costs must be calculated in proportion to the use of the item by the Provider agency in the delivery of Grant services.

7. OTHER

a. Administrative Costs

Administrative costs are those incurred for a common or joint purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR954071

1. <u>Personnel</u> (use additional pages, if necessary)			Total Salary for % Allocated
FTE %	Position/Title	Name of Employee	
			\$
TOTAL			\$
2. <u>Employee Related Expenses</u>			
Item	Basis		
FICA			\$
Unemployment Insurance			\$
Worker's Compensation			\$
Retirement			\$
Life Insurance			\$
Health Insurance			\$
TOTAL			\$
3. <u>Professional and Outside Services</u>			
Item	Basis		
			\$
TOTAL			\$
4. <u>Travel Expenses</u>			
Item	Basis		
			\$
TOTAL			\$
5. <u>Other Operating</u>			
Item	Basis		
			\$
TOTAL			\$
6. <u>Capital Outlay Expenses</u>			
Item	Basis		
			\$
TOTAL			\$
7. <u>Other</u>			
Item	Basis		
			\$
TOTAL			\$
GRAND TOTAL			\$

**ATTACHMENT 4
OTHER FUNDING SOURCES**

RFGA NO. HR954071

List of Other Funding Sources

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source that may be utilized to support the proposed program. Also list all funding received by your agency that is utilized to provide related services. Use a continuation sheet if necessary.

Type of Funding (Federal, State, local, other)	Received From	Amount	Term of Funding (Effective date/Ending date)
TOTAL:			

**ATTACHMENT 5
PRICE SHEET**

RFGA NO. HR954071

Phase I Budget

Cost Reimbursement Line Items	Budget Amount	FY 2009
1. Personnel Services/ERE		
2. Professional & Outside Services		
3. Travel Expenses		
4. Other Operating Expense		
5. Capital Outlay Expense		
6. Other (Indirect Costs)		
Total Grant Amount	(not to exceed)	

ITEMIZED SERVICE BUDGET (ISB) RESTRICTIONS:

- A. The Grantee is authorized to transfer up to a maximum of 10% of the total Grant amount among the categorical line items. Transfers of funds are only allowed among funded line items as detailed in the original ISB. Transfers exceeding 10% of the Granted amount, or to a non-funded line item, shall require a Grant amendment.
- B. Indirect Costs shall not exceed 15% of the combined total of Personnel Services and Employee Related Expenses as listed on the ISB. For more detailed information regarding indirect costs, refer to the ADHS Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs. This manual is incorporated into this Grant by reference herein.

**ATTACHMENT 5
PRICE SHEET**

RFGA NO. HR954071

Phase II Budget

Cost Reimbursement Line Items	Budget Amount	FY 2009
1. Personnel Services/ERE		
2. Professional & Outside Services		
3. Travel Expenses		
4. Other Operating Expense		
5. Capital Outlay Expense		
6. Other (Indirect Costs)		
Total Grant Amount	(not to exceed)	

ITEMIZED SERVICE BUDGET (ISB) RESTRICTIONS:

- B. The Grantee is authorized to transfer up to a maximum of 10% of the total Grant amount among the categorical line items. Transfers of funds are only allowed among funded line items as detailed in the original ISB. Transfers exceeding 10% of the Granted amount, or to a non-funded line item, shall require a Grant amendment.

- B. Indirect Costs shall not exceed 15% of the combined total of Personnel Services and Employee Related Expenses as listed on the ISB. For more detailed information regarding indirect costs, refer to the ADHS Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs. This manual is incorporated into this Grant by reference herein.

EXHIBIT 1
Scope of Work (Example)

RFGA NO. HR954071

Grantee Name:

Project Name:

Objective: <i>{State objective and number accordingly}</i>	Start/End Date	Responsible Party	Measurement Tool
Activities: <i>{State the activities required to achieve each objective. Number the activities and place in chronological order.}</i> For each Activity, describe the work to be addressed. Include: <ul style="list-style-type: none"> • Duties • Specification for each activity • Material, equipment or service specifications • Required results or expected outcomes • Required performance levels 	<i>List the start and end dates when activities will be completed.</i>	<i>Identify who will be responsible for activities.</i>	<i>Describe the tracking measures that will document completed activities.</i>

EXHIBIT 2

Community Assessments

RFGA NO. HR954071

Community Assessments (Example)

A community assessment is a process in which community strengths, resources, and service gaps are identified regarding a particular issue. An assessment provides a picture of what is going on in a community and provides information on those issues needing to be addressed.

A comprehensive community assessment will help identify:

- ✓ Problems you would like to address in your community
- ✓ Where those problems occur
- ✓ Which segment of the community are most affected by those problems
- ✓ What resources and strengths your community has to address those problems

Questions for consideration in preparing the scope of work:

- Will a coalition, work group, or task force be utilized to gather information regarding tobacco issues in the community? How will these members be recruited? How often will the group meet?
- What type of information do you want to collect or findings do you want to identify? What methods will be utilized to gather this information?
- What types of potential community resources may be identified?
- How will you measure the success of the assessment? What tools would be utilized for measurement?
- What challenges may arise in this process?

Community Assessment Report Outline

- **Introduction** - State why you performed an assessment. Tell what you set out to do and how you went about doing it. Summarize the information that you have to share.
- **Key Findings** - Present the major findings from your assessment and the central problems that emerged.
- **Additional Factors** - Present the associated risks that were identified. Speak about the community perceptions that will need to be considered in addressing these problems.
- **Strengths and Resources** - Map out the resources that are available in the community to address these issues.
- **Action Plan** - Lay out your plan of action. The plan should include, as specifically and comprehensively as possible, the strategies you will implement to address the needs you uncovered.
- **Measures of Success** - Propose the ways you will determine the success of the implementation of your plan.
- **Challenges** - Identify the challenges to be addressed in order for this effort to be a success.
- **Conclusions** - Present your conclusions, and invite your audience to get involved.

Reference: <http://guide.helpingamericasyouth.gov/assessment-guide.htm>

EXHIBIT 3 Action Plan

RFGA NO. HR954071

Action/Strategic Plan Outline (Example)

- **Vision** – Statement that concisely expresses how things should be; dreams for the community; inspires people to dream
- **Mission** – Statement of what and why; outcome oriented; inspires people to action
- **Objectives** – Specific measurable steps to achieve the mission
 - SMART
 - **Specific**
 - **Measurable**
 - **Achievable**
 - **Relevant**
 - **Timed**
- **Strategies** – Explain how objectives will be reached
- **Action Plan** – Specifies in detail who will do what by when to make changes happen
 - **What** actions or changes will occur
 - **Who** will carry out these changes
 - **By When** they will take place, and for how long
 - **What resources** are needed to carry out these changes
 - **Communications** who should know what
- **References**
- **Attachments**

Reference: *The Community Tool Box*
<http://ctb.ku.edu/tools/en/>

EXHIBIT 4

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____ P.O. # _____
2. Contractor Name _____
3. Title of Program _____
4. Reporting Period Covered: From _____ To _____

4A. ☐ Cost Reimbursement - Cumulative Actual Expenditures
☐ Fixed Price
4B. ☐ Periodic Report
☐ FINAL REPORT

Invoice # _____

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)
A. Account Classification:					
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -

6. FIXED PRICE	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)	Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)	Total Year to Date Funds Earned (5)
A. Type of Unit:					
Options Counseling					
Prenatal Vitamins					
Folic Acid Education					
Education on prenatal care					
Education on breastfeeding					
Parenting skills training and education					
Education on infant/child care and development					
Education on childhood immunizations					
Preconception care education					
TOTAL					

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY				7. CONTRACTOR CERTIFICATION
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____				I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.
	Adj (if required): _____				
	Less: Year to date payments _____				
	Adj (if required): _____				
	Net payment due: _____				
	Index	PCA	AY	Amount	
PROGRAM COORDINATOR SIGNATURE/DATE	_____	_____	_____	_____	AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE
	_____	_____	_____	_____	
	_____	_____	_____	_____	